

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name VCP Home Health Care, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 20-8854753

4. Debtor's address Principal place of business

12900 Alpine Way
Plainfield, IL 60585

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Will
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor

VCP Home Health Care, Inc.

Name

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

 No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

 No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor

VCP Home Health Care, Inc.

Name

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

 It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

 No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one: Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

 1-49 1,000-5,000 25,001-50,000 50-99 5001-10,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 200-999

15. Estimated Assets

 \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

16. Estimated liabilities

 \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

Debtor

VCP Home Health Care, Inc.

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 28, 2017
MM / DD / YYYY

X /s/ Carmelita Valera

Signature of authorized representative of debtor

Carmelita Valera

Printed name

Title Vice President**18. Signature of attorney****X /s/ Ariel Weissberg**

Signature of attorney for debtor

Date June 28, 2017

MM / DD / YYYY

Ariel Weissberg

Printed name

Weissberg and Associates, Ltd.

Firm name

401 S. LaSalle St.**Suite 403****Chicago, IL 60605**

Number, Street, City, State & ZIP Code

Contact phone 312-663-0004Email address ariel@weissberglaw.com**03125591**

Bar number and State

Fill in this information to identify the case:

Debtor name VCP Home Health Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 28, 2017

X /s/ Carmelita Valera

Signature of individual signing on behalf of debtor

Carmelita Valera

Printed name

Vice President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name VCP Home Health Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **VCP Home Health Care, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Illinois Department of Revenue 100 W. Randolph Avenue Level 7-410 Chicago, IL 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,000.00 \$0.00
Date or dates debt was incurred	Basis for the claim: Unpaid Taxes	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address Internal Revenue Service Kansas City, MO 64999-0002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$500,000.00 \$0.00
Date or dates debt was incurred	Basis for the claim: Unpaid Taxes	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	VCP Home Health Care, Inc. Name		Case number (if known)
3.1	Nonpriority creditor's name and mailing address Ameren Illinois c/o R.A., Brice A. Sheriff 200 W. Washington St. Springfield, IL 62701	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address Anchor DLE, LLC c/o R.A., Daniel W. Austin 210 S. Washington St. Taylorville, IL 62568	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Landlord</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address BlueCross/BlueShield of Illinois c/o Healthcare Service Corporation P.O. Box 1186 Chicago, IL 60690-1186	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Cadence Therapy Inc. c/o R.A., Jorjean Aplaon 2228 Rossiter Pkwy Plainfield, IL 60586	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Catalina M. Licup 4528 Saratoga Road Richton Park, IL 60471	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Wage Claim</u>	\$724.68
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address Data Soft Logic Corporation c/o R.A., Joseph M. Ferrante 131 N. El Molino Ave., Suite 300 Pasadena, CA 91101	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Delta Dental of Illinois Foundation c/o R.A., CT Corporation System 208 S. LaSalle St., Suite 814 Chicago, IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	VCP Home Health Care, Inc. Name		Case number (if known)
3.8	Nonpriority creditor's name and mailing address Emmanuel Casten Montinola 13900 Cambridge Circle Plainfield, IL 60544	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,258.56
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.9	Nonpriority creditor's name and mailing address Ernest S. Licup 4528 Saratoga Road Richton Park, IL 60471	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$544.65
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.10	Nonpriority creditor's name and mailing address Expertline Systems c/o R.A., Oliver Mercado 1635 N. Arlington Hts Rd., Ste 102 Arlington Heights, IL 60004	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Vendor</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.11	Nonpriority creditor's name and mailing address Jehan Sorongon Caseres 21401 Prestwick Drive Crest Hill, IL 60403	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,230.40
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.12	Nonpriority creditor's name and mailing address Jezrah Senorio 21401 Prestwick Drive Crest Hill, IL 60403	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,896.11
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.13	Nonpriority creditor's name and mailing address Jorjean Catalan Aplaon 2228 Rossiter Parkway Plainfield, IL 60586	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,565.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.14	Nonpriority creditor's name and mailing address Kimberly Renee Johnson 110 W. Fifer Street Colfax, IL 61728	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,800.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>Unpaid Wage Claim</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	VCP Home Health Care, Inc. Name		Case number (if known)
3.15	Nonpriority creditor's name and mailing address LaVelle Law, Ltd. 180 N. LaSalle Dr., Suite 2503 Chicago, IL 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Legal Services	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Manila Grocery c/o R.A., Maria G. Diokno 13606 Golden Meadow Dr. Plainfield, IL 60544	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address Maria Diokno, CPA 13606 Golden Meadow Plainfield, IL 60544	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Accounting Services	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Marlon L. Navarro 2363 White Birch Lane Apt. 207 Joliet, IL 60435	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Unpaid Wage Claim	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address McGrath Office Equipment 710 Jefferson St. Joliet, IL 60435	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Medpro Healthcare Technology c/o R.A., Lawrence P. Rowe 16335 Harlem Ave., Suite 340 Tinley Park, IL 60477	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Mona Liza Limbaco Dakay 2502 Milford Springfield, IL 62704	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Unpaid Wage Claim	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	VCP Home Health Care, Inc. Name		Case number (if known)
3.22	Nonpriority creditor's name and mailing address Ottawa Realty c/o R.A., Thomas Godfrey 628 Columbus St. Ottawa, IL 61350	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Landlord</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Pure Health Solutions, Inc. c/o R.A., Illinois Corp. Service 801 Adlai Stevenson Drive Springfield, IL 62703	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.24	Nonpriority creditor's name and mailing address Puritan Springs Water, Inc. c/o R.A., Robert B. Waddell 1709 N. Kickapoo Lincoln, IL 62656	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.25	Nonpriority creditor's name and mailing address Regency Place Office Suites, LLC c/o R.A., John W. Brown 2205 Jassemine Rd. Bloomington, IL 61704	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Landlord</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.26	Nonpriority creditor's name and mailing address Rochell De Guzman Meneses 3120 W. Willow Knolls Drive Apt. 204 Peoria, IL 61614	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Wage Claim</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,528.87
3.27	Nonpriority creditor's name and mailing address Rucel May Malisan Montinola 13900 Cambridge Circle Plainfield, IL 60544	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Wage Claim</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,361.28
3.28	Nonpriority creditor's name and mailing address Steven Flores Gaudiano 368 Wild Rose Lane Romeoville, IL 60446	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Wage Claim</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,664.00

Debtor **VCP Home Health Care, Inc.**

Case number (if known)

3.29	Nonpriority creditor's name and mailing address TNR Staffing, LLC c/o R.A., Richard M. Kates 111 W. Washington St., Suite 1900 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: <u>Staffing Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address Twin Oaks/Joliet, LLC c/o R.A., Bruce M. Konzelman 60 N. Chicago St. Joliet, IL 60432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: <u>Landlord</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Vono Medical Supplies c/o R.A., Susan Lynn Cain 400 N. 1st St. Springfield, IL 62702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	525,000.00
5b.	+	\$ 48,511.03
5c.	\$	573,511.03

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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,500.00</u>
Prior to the filing of this statement I have received	\$	<u>3,500.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 28, 2017

Date

/s/ Ariel Weissberg

Ariel Weissberg 03125591

Signature of Attorney

Weissberg and Associates, Ltd.

401 S. LaSalle St.

Suite 403

Chicago, IL 60605

312-663-0004 Fax: 312-663-1514

ariel@weissberglaw.com

Name of law firm

**United States Bankruptcy Court
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VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 33

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: June 28, 2017

/s/ Carmelita Valera

Carmelita Valera/Vice President
Signer>Title

Ameren Illinois
c/o R.A., Brice A. Sheriff
200 W. Washington St.
Springfield, IL 62701

Anchor DLE, LLC
c/o R.A., Daniel W. Austin
210 S. Washington St.
Taylorville, IL 62568

BlueCross/BlueShield of Illinois
c/o Healthcare Service Corporation
P.O. Box 1186
Chicago, IL 60690-1186

Cadence Therapy Inc.
c/o R.A., Jorjean Aplaon
2228 Rossiter Pkwy
Plainfield, IL 60586

Catalina M. Licup
4528 Saratoga Road
Richton Park, IL 60471

Data Soft Logic Corporation
c/o R.A., Joseph M. Ferrante
131 N. El Molino Ave., Suite 300
Pasadena, CA 91101

Delta Dental of Illinois Foundation
c/o R.A., CT Corporation System
208 S. LaSalle St., Suite 814
Chicago, IL 60604

Emmanuel Casten Montinola
13900 Cambridge Circle
Plainfield, IL 60544

Ernest S. Licup
4528 Saratoga Road
Richton Park, IL 60471

Expertline Systems
c/o R.A., Oilver Mercado
1635 N. Arlington Hts Rd., Ste 102
Arlington Heights, IL 60004

Illinois Department of Revenue
100 W. Randolph Avenue
Level 7-410
Chicago, IL 60601

Internal Revenue Service
Kansas City, MO 64999-0002

Jehan Sorongon Caseres
21401 Prestwick Drive
Crest Hill, IL 60403

Jezrah Senorio
21401 Prestwick Drive
Crest Hill, IL 60403

Jorjean Catalan Aplao
2228 Rossiter Parkway
Plainfield, IL 60586

Kimberly Renee Johnson
110 W. Fifer Street
Colfax, IL 61728

LaVelle Law, Ltd.
180 N. LaSalle Dr., Suite 2503
Chicago, IL 60601

Manila Grocery
c/o R.A., Maria G. Diokno
13606 Golden Meadow Dr.
Plainfield, IL 60544

Maria Diokno, CPA
13606 Golden Meadow
Plainfield, IL 60544

Marlon L. Navarro
2363 White Birch Lane
Apt. 207
Joliet, IL 60435

McGrath Office Equipment
710 Jefferson St.
Joliet, IL 60435

Medpro Healthcare Technology
c/o R.A., Lawrence P. Rowe
16335 Harlem Ave., Suite 340
Tinley Park, IL 60477

Mona Liza Limbaco Dakay
2502 Milford
Springfield, IL 62704

Ottawa Realty
c/o R.A., Thomas Godfrey
628 Columbus St.
Ottawa, IL 61350

Pure Health Solutions, Inc.
c/o R.A., Illinois Corp. Service
801 Adlai Stevenson Drive
Springfield, IL 62703

Puritan Springs Water, Inc.
c/o R.A., Robert B. Waddell
1709 N. Kickapoo
Lincoln, IL 62656

Regency Place Office Suites, LLC
c/o R.A., John W. Brown
2205 Jassemine Rd.
Bloomington, IL 61704

Rochell De Guzman Meneses
3120 W. Willow Knolls Drive
Apt. 204
Peoria, IL 61614

Rucel May Malisan Montinola
13900 Cambridge Circle
Plainfield, IL 60544

Steven Flores Gaudiano
368 Wild Rose Lane
Romeoville, IL 60446

TNR Staffing, LLC
c/o R.A., Richard M. Kates
111 W. Washington St., Suite 1900
Chicago, IL 60602

Twin Oaks/Joliet, LLC
c/o R.A., Bruce M. Konzelman
60 N. Chicago St.
Joliet, IL 60432

Vono Medical Supplies
c/o R.A., Susan Lynn Cain
400 N. 1st St.
Springfield, IL 62702

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for VCP Home Health Care, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [Check if applicable]

June 28, 2017

Date

/s/ Ariel Weissberg

Ariel Weissberg 03125591

Signature of Attorney or Litigant

Counsel for VCP Home Health Care, Inc.

Weissberg and Associates, Ltd.

401 S. LaSalle St.

Suite 403

Chicago, IL 60605

312-663-0004 Fax:312-663-1514

ariel@weissberglaw.com